

CASINO NIGHT REPORTING FORM

**Montana Department of Justice
Gambling Control Division
2550 Prospect Avenue
PO Box 201424
Helena, MT 59620-1424**

Complete and submit this form to the Gambling Control Division within **30 days** after the casino night is held.

1. _____
Organization Name
2. _____
Address
3. _____
City State Zip
4. _____
Date Casino Night was held

Casino Night Receipts and Expenses

5. Total Receipts \$ _____
6. Total Administrative Expenses \$ _____
7. Total Value of Prizes Awarded \$ _____
8. Total Amount Contributed to Charitable,
Civic or Educational Purposes \$ _____
9. Description of Charitable, Civic or Educational Purpose: _____

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10. _____
Authorized Signature & Date Print Name

INSTRUCTIONS

1. Enter the name of the organization conducting the casino night.
2. Enter the organization's complete address.
3. Enter City, State and Zip Code.
4. Enter the date the casino night was held.
5. Enter the total receipts collected from the casino night.
6. Enter the total amount of administrative expenses incurred for the casino night.
7. Enter the total value of all prizes awarded during the casino night.
8. Enter the total amount contributed to a charitable, civic or educational purpose.
9. Describe the purpose for which the casino night funds were raised, including the Name of any entity receiving proceeds.
10. The individual signing this form must be an officer or director with the authority To sign for the organization.
11. Print the name of the individual signing the form for reference purposes.